

REMARKS

Reconsideration of the present application is respectfully requested.

Claims 1-4, 6-10 and 12-13 stand rejected under 35 USC §103(a) over Moshfeghi et al. in view of Takeo and Evans. Claim 14 stands rejected under 35 USC §103(a) further in view of Rapport et al. Claims 5, 11 and 15-20 stand rejected under 35 USC §103(a).

As for the rejections of claims 1 and 8 above and further in view of Herz et al., Applicants respectfully disagree since no reference of record teaches Applicants claimed security subsystem that is at least partially controlled by the individual patient. While Applicants and the examiner agree that neither Moshfeghi nor Takeo show this aspect of Applicants' claimed invention, the Office Action asserts that this claimed feature can be found in Evans. Applicants disagree, and respectfully assert that neither Evans nor any other reference of record teaches Applicants claimed patient control feature. In fact, the plain language cited in Evans demonstrates this fact. The Office Action references Evans' abstract and columns 15, lines 22-32 as teaching Applicants' claimed patient control feature. In the first instance, the abstract is absolutely void of any teaching whatsoever regarding anything that could be characterized as patient control. In fact, the abstract only states that "authorized health care providers" can access the medical record system. In column 15 of Evans, the closest thing that could be characterized as patient control is contained in the sentence: "In addition, a patient may request

restricted access to their data by only certain personnel." This statement itself is evidence that Evans does not contemplate patient control. In other words, how can "may request" ever be interpreted as control. In other words, since a request can be denied, the only thing the requestor has control over is whether to make the request in the first place. For instance, no one could ever characterize that a person requesting a loan from a bank has any control whatsoever over access to the money. In the present case, only Applicants have taught patient control over access to information. Thus, Applicants respectfully assert that the outstanding rejection should be withdrawn because none of the references of record, including Evans et al., can be fairly interpreted as teaching patient control.

Applicants specification makes it clear that this aspect of the invention allows the patient himself or herself at least partial control over the persons having access to their patient information form. In one aspect, this can be accomplished by enabling the patient to give out a password to their patient information forum to whomever they wish. In addition, that selected person can access the patient information form without having their identity verified by the computer server. In other words, the patient does not have to request anything of anyone in order to afford access to their patient information forum to one of their loved ones. In an effort to better distinguish Applicants' claimed invention from the cited references, Applicants have amended the independent claims to make explicitly clear that which was already implicit in any fair reading of

Applicants' claimed patient control feature in the context of the originally submitted specification. In other words, Applicants have amended the claims to make it clear that a person selected by the patient can access their information forum without having their identity verified by the computer server. In other words, no enabling act on the part of a network administrator is required in order for the patient to enable access by a person of their choosing. There should be no dispute that this feature of Applicants' claimed invention is not taught in any reference of record, nor is it compatible with the primary reference to Moshfeghi et al.

There should be no dispute that Moshfeghi et al. teaches a personalizing hospital internet website system that tailors the manner and content of information provided to a user based upon the system identifying who the user is. Thus, there should be no dispute that Moshfeghi et al. teaches away from, and can only be interpreted as being incompatible with, a system that allows anonymous access by individuals selected by the patient, as required by Applicants' claims. Therefore, all of Applicants' claims should be allowable over the references of record for several reasons. First, even when combined, the cited references do not teach Applicants' claimed patient control feature. Secondly, Applicants' claimed patient control feature is incompatible with the express teachings of the Moshfeghi et al. system.

This application is now believed to be in condition for claims 1-20. However, if the examiner believes that some minor

additional clarification would put this application in even better condition for allowance, he is invited to contact the undersigned attorney at (812)333-5355 in order to hasten the prosecution of this application.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'MB McNeil', with a stylized flourish at the end.

Michael B. McNeil
Reg. No. 35,949

APPENDIX
MARKED-UP AMENDED CLAIMS

Please amend claims 1, 8 and 16 as follows:

1. A patient information system comprising:

a computer server having a patient information forum for at least one patient, and each said patient information forum containing information regarding an individual patient;

a publicly accessible computer output device networked to said computer server;

a publicly accessible computer input device networked to said computer server; and

an at least partially patient controlled security subsystem operably positioned between said patient information forum and said input device, and permitting access to said patient information forum free of identity verification by said computer server to at least one person selected by said individual patient.

8. A method of exchanging information regarding a patient comprising the steps of:

establishing a patient information forum for a particular patient on a computer server;

networking said computer server into a publicly accessible computer network;

limiting access to said patient information forum to a predetermined group of persons; and

b2
Contd
C1

enabling the particular patient to control at least a portion of the individuals that are included in said predetermined group of persons, and said portion accessing said patient information forum free of identity verification by the computer server.

16. A software program comprising:

means for establishing a patient information forum on a publicly accessible computer network;

C1

means for limiting access to said patient information forum to a predetermined group of persons;

B3

means for posting information regarding a particular patient on said patient information forum; and

means for enabling a patient for said patient information forum to control at least a portion of the individuals that are included in said predetermined group of persons, and including at least one password to said information forum that is free of an identity verification requirement.
